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STUDY OF HEALTH RESOURCES IN BRITISH COLUMBIA

A major study will be undertaken in the spring of 1968 by the University of British Columbia, in co-operation with the various professions in the health field. The study, including computer-analysis of masses of statistical data, will take three years and will form part of a seven-nation project known as the International Collaborative Study of Medical Care Utilization.

The B.C. study will cost an estimated $500,000. The newly formed Donner Canadian Foundation of Montreal will contribute $42,000, and the remainder will come from the federal government. It will be conducted by the Department of Health Care and Epidemiology of the U.B.C. Faculty of Medicine. Dr. Donald O. Anderson, head of the department, will be project director.

Acting as a steering committee for the project will be the B.C. Health Resources Council, a grouping of organizations representing the health professions, the provincial government, and the U.B.C. faculties and schools concerned with education of health workers.

This will be perhaps the most ambitious project of its kind ever undertaken in Canada. The information it provides should be of great importance to governmental authorities and health planners as they seek to meet the increasing demands of the public for health care.

The U.B.C. study will be an in-depth investigation of the availability and utilization of all health resources in two typical Fraser Valley communities, code-named Jersey (Langley) and Fraser (Mission). In general, it will seek to answer four major questions: What health personnel and facilities exist in these two communities? How are they now being used? How could they be used to better advantage? What additional facilities and manpower (or womanpower) are needed?

The study will be divided into two parts. One will be a complete inventory of health resources in the two communities. The other will consist of exhaustive interviews, covering the whole field of personal health care, with 1000 families in each community.

Heading the separate studies will be two senior research associates in Dr. Anderson's department: Dr. Hart Scarrow for the inventory of resources, and Miss Brenda Morrison for the household survey.

The resources study will be conducted from May 1 to September 1, 1968, by a group of U.B.C. pharmacy, dental and medical students.

They will make a detailed census of all health workers and facilities in the area, and, by means of questionnaires, will attempt to establish the total number of man-hours available for personal health care, the time given to each patient, and the length of time patients must wait for appointments with doctors and dentists.

The household survey will be conducted by two teams, each composed of 12 interviewers and supervisors. Each team will interview members of 250 families in each of four six-week periods spread over the 12 months begin-

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ning May 1, 1968. Each interview will take about an hour.

The interviewers will use questionnaires carefully designed to produce a maximum amount of information about the respondent's state of health, his knowledge of disease and the resources available to cope with it, his relations with doctors, nurses and other health workers, his use of prescribed and non-prescribed drugs, and the extent to which his health expenses are covered by insurance or welfare payments.

In addition the respondents will be sounded for indications of their perceptions of health and illness, their attitudes toward doctors, and their expectations of health services.

All information given by the interview subjects will be kept confidential.

Data from the survey will be sent, in coded form to Johns Hopkins University, Baltimore, Md., which will act as the central processing facility for all data collected under the International Collaborative Study of Medical Care Utilization. (Other studies are being conducted by the Universities of Alberta and Saskatchewan and by other agencies in the U.S.A., Britain, Finland, Yugoslavia, Chile and Poland.)

Organizations comprising the British Columbia Health Resources Council, which has fostered the B.C. study, are: B.C. Dental Association; B.C. Medical Association; College of Physicians and Surgeons of B.C.; Pharmaceutical Association of the Province of B.C.; Registered Nurses' Association of B.C.; Department of Health Services and Hospital Insurance, Province of B.C.; University of B.C., Faculties of Dentistry, Medicine and Pharmacy; and the Schools of Nursing of B.C.

ANNUAL MEETING, CANADIAN ASSOCIATION OF GASTROENTEROLOGY

The Seventh Annual Meeting of the Canadian Association of Gastroenterology will be held in the Royal York Hotel, Toronto, on January 16, 1968. At the scientific session Dr. Henry Bockus, the first R. D. McKenna Lecturer, will speak on "Functional Diseases of the Gastrointestinal Tract".

Abstracts of papers to be considered for presentation at this

meeting should be submitted, by November 10, to: Dr. E. J. Prokipchuk, Chairman, Program Committee, Department of Medicine, St. Michael's Hospital, Toronto.

For further information concerning the meeting, write to: Dr. J. M. Finlay, Medical Arts Building, 170 St. George Street, Toronto, Ontario.

COURSE IN CLINICAL ANESTHESIA, ROYAL VICTORIA HOSPITAL, MONTREAL, FEBRUARY 5-9

The Post-Graduate Board of the Royal Victoria Hospital, Montreal, will offer a postgraduate course in Clinical Anesthesia, February 5-9. It is designed for the practising anesthetist and will consist of practical clinical demonstrations to small groups and didactic sessions devoted to recent advances and clinical problems. It is restricted to 12 visitors. The fee is $125 (Canadian funds).

For a detailed program and application form, write to: The Post-Graduate Board, Royal Victoria Hospital, Montreal 2, Quebec.

MEDICAL AND BIOLOGICAL ENGINEERING CONFERENCE, TORONTO, 1968

The Second Canadian Medical and Biological Engineering Society Conference, sponsored by the Canadian Society for Medical and Biological Engineering, will be held in Toronto on September 9, 10 and 11, 1968.

Abstracts of contributed papers should be 350 words in length and submitted in triplicate by May 20, 1968 to: Professor N. F. Moody (Chairman, Papers Committee), Institute of Bio-Medical Electronics, University of Toronto, Toronto, Ontario.

MORTALITY FROM ALCOHOLIC DISORDERS, U.S.A.

Statisticians of Metropolitan Life Insurance Company report nearly 11,000 deaths attributed to alcoholic disorders in the United States in 1964, the latest year for which official figures are available.

Almost 75% of these deaths were attributed to cirrhosis of the liver with alcoholism, another 20% directly to alcoholism, and the remainder to alcoholic psychosis. In recent years, the reported death rate from alcoholic disorders has risen steadily—from 5.5 per 100,000 population in 1950 to 8.7 in 1964, an increase of nearly 60% over the period.

Higher death rates from cirrhosis of the liver with alcoholism accounted for most of the increase, while mortality from the other disorders showed little change during the past 15 years. This situation may reflect earlier and better medical treatment in acute alcoholic episodes among persons who later suffer from chronic liver disease.

Cirrhosis of the liver, a frequent complication of alcoholism, has been generally believed to result from nutritional deficiencies in the diets of alcoholics and not from the action of alcohol itself. Recent studies, however, suggest that alcohol can produce fatty liver—the initial stage of alcoholic cirrhosis—even when diets are normal and adequate.

It is probable that the reported mortality from alcoholic disorders does not present an accurate picture of the problem. Metropolitan

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statisticians point to several studies which suggest that a serious understatement exists in the reporting of deaths associated with alcoholism. Because of the social stigma involved, there is reluctance to certify alcoholism as the cause of death where it is possible to assign another cause or complication. Thus, it is fairly certain that a considerably greater proportion of deaths ascribed to cirrhosis of the liver are associated with alcoholism than the third so reported.

Alcoholics are subject to distinctly higher than average death rates. A recent insurance study indicated that persons with a history of alcoholism experienced mortality two to three times higher than standard risks. The heaviest excess mortality was due to diseases of the digestive system, suicide, motor vehicle and other accidents, and homicides.

The exact number of alcoholics in the United States is unknown, but the latest estimate by the National Council on Alcoholism places it at 6,500,000—an increase of 1.5 million within a decade. The Council estimates an annual loss to industry of over $2 billion, resulting from absenteeism, lowered productivity, and accidents associated with alcoholism.

FERTILITY AND EDUCATIONAL ATTAINMENT: PUERTO RICO, 1962

In 1962, Puerto Rico became the first area in the United States Birth Registration System to request the educational attainment of parents on the birth certificate. A recent report from the National Center for Health Statistics (U.S.A.) illustrates the usefulness of such data as indicators of the socioeconomic status of mothers and relates characteristics of the newborn infants to education of the parents.

The annual fertility rates declined as educational attainment increased only among women near the beginning or end of their childbearing period. In the intermediate childbearing years, roughly between the ages of 20 and 34, women at the middle and upper educational levels had fertility rates which were relatively high.

Because younger generations in Puerto Rico are attaining successively higher levels of education than their elders, fertility rates for women of all reproductive ages combined give a distorted picture of the relationship between educational attainment and fertility. Age-adjusted fertility rates are closer to the truth.

Order of birth, immature or postmature birth weight, and illegitimacy are all birth characteristics which declined as education of parents increased. Residence in a metropolitan area, legal as opposed to consensual marriage, and the occurrence of the birth in the last quarter of the calendar year are characteristics which increased as parents' education increased. The medical, psychological, and socioeconomic implications of these relationships are discussed in the report.

Copies of "Fertility and Educational Attainment: Puerto Rico, 1962" (PHS Publication No. 1000, Series 21, No. 12), 20 pp., may be purchased for 25 cents from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

SCHOLARSHIPS OFFERED BY WOMEN'S AUXILIARY, CANADIAN SECTION, I.C.S.

For the first time, the Canadian Section of the International College of Surgeons Women's Auxiliary is offering a scholarship to a doctor from anywhere outside Canada, to do postgraduate work in Canada in any branch of surgery.

To do postgraduate work in Canada and to become qualified in surgery, it is necessary to be a resident in an accredited hospital for a minimum of four years. A salary of approximately $300 per month is paid, and room and laundry of uniforms are supplied.

A scholarship of $2000 will be paid in instalments of $500 annually. The first $500 is to assist with transportation to Canada, the second and third payments may be used by the student as he wishes, and the last instalment is to help him pay his return passage.

Enquiries may be made through the Chairman of the Scholarship Fund: Mrs. A. C. Abbott, 130 Handsart Blvd., Winnipeg, 29, Manitoba.